SENDER: COMPLETE THIS SE	Ction-00848	COMPLETE THIS SECTION ON D	Filed 0
 Complete items 1, 2, and 3. Alsitem 4 if Restricted Delivery is an experiment of the Print your name and address of so that we can return the card. Attach this card to the back of or on the front if space permits. 	desired. n the reverse to you. the mailpiece,	A. Signature X B. Acceived by (Printed Name) John R. Walker	Agent Addressee C. Date of Delivery 2-2-05 item 12 Yes
1. Article Addressed to: John 14/6 arm	Ker Field K	D. Is delivery address different from If YES, enter delivery address be	
# H R; chmond 23225	0, V 4 5-754	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	Mail 2005 Seceipt for Merchandise
Article Number (Transfer from service label)	7001 251	/ 31.0 3545	
PS Form 3811, February 2004	Domestic Return Receipt		102595-02-M-1540